114000011AA6

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE 02/0/14



600255625666

01/27/14--01011--025 **160.00

2014 JAN 27 PM 2: 29

JAN 3 0 2014

COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	. CIMA Consulting	g, LLC
SOBILE		inited Liability Company
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.
Please rett	urn all correspondence concerning this	matter to the following:
	Edward P. Rundl	е
		Name of Person
	CIMA Consulting	, LLC
		Firm/Company
	2469 SW 22 Ter	race
		Address
,	Miami, Florida 33	3145-3417
	erundle@aol.com	City/State and Zip Code
		(to be used for future annual report notification)
For further	r information concerning this matter, pl	ease call:
Edw	ard P. Rundle	305 710-5403
, 	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	
\$125.00 F	Siling Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CIMA Consulting, LLC	
(Must end with the wo	ords "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2469 SW 22 Terrace	2469 SW 22 Terrace
Miami, Florida 33145-3417	Miami, Florida 33145-3417
•	the registered agent are:
The name and the Florida street address of t	da registration.) the registered agent are: Name
The name and the Florida street address of the Lewis Fishman Two Datran Center, 9130	da registration.) the registered agent are: Name S, Dadeland Boulevard
The name and the Florida street address of the Lewis Fishman Two Datran Center, 9130	da registration.) the registered agent are: Name
The name and the Florida street address of the Lewis Fishman Two Datran Center, 9130	da registration.) the registered agent are: Name S, Dadeland Boulevard
Two Datran Center, 9130 Florida street addre	the registered agent are: Name S, Dadeland Boutevard ess (P.O. Box NOT acceptable)

Page1 of2

(CONTINUED)

EFFECTIVE DATE ON DISTURBLE



<u> [itle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MBR"	Edward P. Rundle
	2439 SW 22 Terrace
	Mamil, Florida 33145-33145

V: Effective date, if other than the date of etive date is listed, the date must be speci	filling: February 1, 2014 (OPTIONAL) fic and cannot be more than five business days prior to or 90
Use attachment if necessary) CV: Effective date, if other than the date of etive date is listed, the date must be specifiling.) CVI: Other provisions, if any.	filing: February 1, 2014 (OPTIONAL) fic and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	filing: February 1, 2014, (OPTIONAL) fic and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)	filing: February 1, 2014 (OPTIONAL) fic and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. Signature of a mem (In accordance with section 60 constitutes an affirmation und I am aware that any false info	fic and cannot be more than five business days prior to or 90 beror an authorized representative of a member.
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. Signature of a mem (In accordance with section 60 constitutes an affirmation und I am aware that any false info	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, emation submitted in a document to the Department of State
V: Effective date, if other than the date of citive date is listed, the date must be specifiling.) VI: Other provisions, if any. Signature of a mem (In accordance with section 60 constitutes an affirmation und I am aware that any false infoconstitutes a third degree felo	ber or an authorized representative of a member. 5.02:03 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, emation submitted in a document to the Department of State

Page 2 of 2